Under the Peperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless a displays a valid OMB control number Approved for use through 1/31/2006 OMB 06510032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Apolytish of Jose of History Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE NUMBER EXTRA RATE (1) (1) CFR 1 19(1) (6) 0 (4) FEE (1) IVA RATE (1) AIN FEE (1) SEARCHFEE N/A 150.00 (37 CFR 1 16(1), (1), or (m)) f1/A 300.00 **MA** N/A EXAMINATIONFEE NVA \$250 (37 CFR 1 16(0), (0), or (al) NA \$500 N/A TOTAL CLAIMS **N**VA \$100 (37 OFR 1 16(1)) N/A \$200 minus 20 « X\$ 25 INDEPENDENT CLAIRS X\$50 (37 CFR 1 16(N)) 03 minus J e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheels of paper, the application size fee due i FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(6)) additional 50 cheets or traction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37, CFR 1 160) **₹180**= +360_• "If the deforence in column 1 is fass than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Cotymn.3) CLAIMS SMALL ENTITY. OR OTHER THAN HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT ENDMENT AFTER RATE (5) PREVIOUSLY ADDI-EXTRA AMENØMENT RATE (1) ADD: PAID FOR TICHAL Total or centularii FEE (1) Minus MONAL FEE (1) X\$ 25 Independent . X\$50 Minus OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST FRESENTATION OF MULTIFLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL BEH J'OON ADO'L FEE (Column 1) (Column 2) (Column 3) CLAUMS HIGHEST \mathfrak{a} REMAINING NUMBER PRESENT AFTER RATE (3) PREVIOUSLY ADOL-EXTRA AMENDMENT RATE (1) ADD: PAID FOR TICHAL Total (III CFR 1.165)) TIONAL Minus FEE (3) FEE (3) Independent Of CFR Light X\$ 25 Minus X\$50 OR Application Stan Fee (37 CFR 1.16(c)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR (164)) +180= **⊀3**60= OR

" If the Highest Humber Proviously Paid For IN THIS SPACE to less than 20, order 20". of the Highest Humber Proviously Paid For III THIS SPACE is less than 3, enter "3"

The Highest Number Proviously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1. colocion of information is required by 37 CFR 1.16. The information is required to obtain or retain a board by the public which is to file (and by the TO to process) en application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cosection is estimated to take 12 minutes to convide. ling gathering, preparing, and automitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments s amount of liene you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlet Information Officer, U.S. Petert redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS tess. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

IATOT

ADDI FEE

TOTAL

ADD'L FEE

OR

[•] If the entry in column 1 is loss than the entry in column 2, write 'V' in axiumn 3.